

MP000005266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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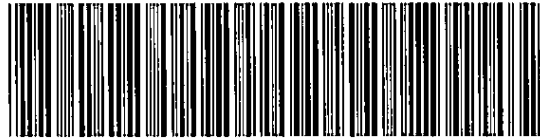
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

2019 MAY 20 A 8:05

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D SCOTT

MAY 30 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mortgage Capital Advisors II, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sherry Upp

Name of Person

Mortgage Capital Advisors II, LLC

Firm/Company

594 Henson Rd.

Address

Warne, North Carolina 28909

City/State and Zip Code

sherryupp@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry Upp

678

772-9755

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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2019 MAY 20 A 8:05  
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.020(2) FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Mortgage Capital Advisors II, LLC  
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "L.L.C.")
2. Mortgage Capital Advisors II, Florida, LLC  
(If name unacceptable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")
3. Georgia  
(Jurisdiction under the law of which foreign limited liability company is organized)
4. NA  
(Date last transacted business in Florida (if prior to registration).  
(See sections 603.021(4) and 603.022(4)(b), F.S. to determine period of liability.)
5. 2967 Grandview Ave. NE  
(Street Address of Principal Office)  
Atlanta, Ga 30305
6. 2967 Grandview Ave. NE  
(Mailing Address)  
Atlanta, Ga 30305

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: Michael Scott Barnes  
Office Address: 8281 E. County Hwy 30A  
Panama City Beach FL 32461 Florida  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
—Managing Member	<u>Mark Byron Dodson</u> <u>2967 Grandview Ave.</u> <u>Atlanta, Ga 30305</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.020(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mark Byron Dodson  
(Signature of authorized person)

Mark Byron Dodson  
(Typed name of authorized person)

FILED  
2019 MAY 20 A 8:05  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Mortgage Capital Advisors II, LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 17199601  
Date Inc/Auth/Filed: 03/10/2014  
Jurisdiction : Georgia  
Print Date : 05/16/2019  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State